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RURAL DISTRICT OF WAKEFIELD

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ANNUAL REPORT

MINISTRY OF HEALTH

OF THE

MEDICAL OFFICER OF HEALTH

(J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

FOR THE

YEAR ENDED 31st DECEMBER 1956

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(J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H.)

FOR THE

YEAR ENDED 31st DECEMBER 1956

WAKEFIELD RURAL DISTRICT

MEMBERS OF THE PUBLIC HEALTH COMMITTEE, 1956–57

Chairman :
Councillor W. Sanderson

Vice-Chairman:
Councillor W. B. Spurr

Councillors

J. E. Cawthorne
E. Crossley
R. Darwell
B. A. Hardcastle
Mrs. I. Hepplestone
J. H. Milne
Mrs. A. P. Wightman
J. Chalkley
J. Crowther
J. T. Foley, J.P.
E. Johns
F. W. Middleton
W. Sandham

PUBLIC HEALTH STAFF.

WAKEFIELD RURAL DISTRICT.

Medical Officer of Health.

F. G. E. Hill, D.S.O., M.B., Ch.B., D.P.H., F.R.S.H., (retired 31st January, 1957).
J. Lyons, M.B., Ch.B., M.R.C.S., L.R.C.P., D.P.H., (appointed 1st February, 1957).

Deputy Medical Officer of Health.

Barbara Briggs, M.B., Ch.B., D.P.H.

Chief Public Health Inspector.

E. Heald, M.R.S.H.

Additional Public Health Inspector.

C. Cannon, A.R.S.H.

Public Health Inspectors' Clerk.

Miss M. Lloyd.

WEST RIDING COUNTY COUNCIL.

Preventive Medical Services: Health Division 13.

Divisional Medical Officer.

As above (M.O.H.).

Senior Assistant County Medical Officer and School Medical Officer.

Barbara Briggs, M.B., Ch.B., D.P.H.

Assistant County Medical Officers and School Medical Officers.

Irene Hargreaves, M.B., Ch.B.
Marianne H. Witt, L.R.C.S., L.R.C.P., D.P.H.

Health Visitors.

Mrs. A. Dawson, S.R.N., S.C.M., H.V. Certificate. Queen's Nurse.
Mrs. M. A. Ward, S.R.N., S.C.M., H.V. Certificate.
Mrs. E. Driver, S.R.N., S.C.M., H.V. Certificate.
Mrs. A. Holder, S.R.N., S.C.M., H.V. Certificate.
*Mrs. A. Gillies, S.R.N., R.F.N.

*Part-time.

Midwives.

Miss M. Campbell, S.R.N., S.C.M.
Mrs. J. Renshaw, S.R.N., S.C.M.
Miss A. Hauxwell, S.R.N., S.C.M.
†Miss O. Gardner, S.R.N., S.C.M. Queen's Nurse.
†Miss M. E. Rhodes, S.R.N., S.C.M. Queen's Nurse.

Home Nurses.

Miss F. E. Ellis, S.R.N.
Mrs. L. Jackson, S.R.N., S.C.M.
Mrs. A. G. M. Wagstaff, S.R.N. Queen's Nurse.
Mrs. T. Pickersgill, (Relief Nurse), S.R.N. Queen's Nurse.
†Miss O. Gardner, S.R.N., S.C.M. Queen's Nurse.
†Miss M. E. Rhodes, S.R.N., S.C.M. Queen's Nurse.

†Combined appointment—Home Nurse/Midwife.

Mental Health Social Worker.

Miss S. Appleyard.

Mental Health Home Teacher.

Mrs. M. E. Towell.

Speech Therapist.

Miss G. Lawton, L.C.S.T.

Joint Clerical Staff—engaged in all constituent districts of the Division, viz., Wakefield R.D., Morley, Ossett and Horbury.

A. Wright, D.P.A. (Senior Clerk).
K. Schofield, D.P.A.
G. A. Tyrell.
D. Leach.
C. C. Roberts.
M. A. Ramsden (Resigned 30th September, 1956).
Miss M. Halloran.
Miss C. Brennan.
Mrs. M. Kilburn.
Mrs. C. Whitehead.
Miss J. Hollings.
Mrs. C. M. Armstone (Commenced 11th October, 1956).

LEEDS REGIONAL HOSPITAL BOARD.

Consultant Staff.

Ear, Nose and Throat Surgeon.

T. B. Hutton, F.R.C.S.

Chest Physician.

J. K. Scott, M.B., Ch.B., M.R.C.P., D.P.H.

School Ophthalmologist.

J. V. Kirkwood, M.B., Ch.B.

Pædiatrician.

J. D. Pickup, M.D., D.C.H.

Orthopædic Surgeon.

Miss M. A. Pearson, F.R.C.S.

Windsor House,
Queen Street,
Morley,
July, 1957.

To the Chairman and Members of the Wakefield Rural District Council.

Mr. Chairman and Members,

I have the honour to present the Annual Report of the Medical Officer of Health for the year 1956.

Under the scheme of Divisional Health Administration your Medical Officer of Health is also the Divisional Medical Officer for the West Riding County Council's local health services, and has similar functions in the Boroughs of Morley and Ossett and the Urban District of Horbury. The scheme is designed to produce a closer integration of local authority health services.

The year 1956 was the last complete year of office of my worthy predecessor, Dr. F. G. E. Hill, who retired in January, 1957, after a lifetime of devoted service to public health. As a newcomer, arriving after the end of the year under review, it is not possible for me to comment in detail on the health of the community. My observations, on this first occasion, must necessarily be largely confined to general impressions based on statistical and other information.

The vital statistics indicate an overall picture of a healthy and prosperous population. In 1956 births exceeded deaths by 184, the death rate sinking to the exceptionally low figure of 9.1 per 1,000 population. The infant mortality rate was also low (22.8 per 1,000 births), comparing favourably with the figure of 27.1 for the whole of the West Riding administrative area. Maternal mortality was entirely absent and there have been only 2 maternal deaths in the last 10 years, a tribute to the skill and efficiency of local doctors and nurses. Work of this calibre, whether in hospital or hovel, clinic or cottage, surgery or slum, is dependent on the constant and deliberate application of concentrated effort, motivated and inspired by a sense of duty and vocation. Medical work, whether curative or preventive, can never be a simple matter of routine; it requires character and integrity as well as judgment and skill. Our statesmen would do well not to disturb this ethical "drive" by any sacrifice of professional goodwill on the altar of expediency.

There was no undue prevalence in 1956 of the more serious infectious diseases. Not a single case of poliomyelitis was notified, and it is interesting to note that, over the past decade, the average number of notified cases in the Wakefield Rural District has been

only 2 per year. The situation hardly justifies alarm or despondency. One nevertheless welcomed the information a year ago that a vaccine was at last available. The scheme was introduced with a flood of publicity and a fanfare of trumpets, to herald nothing more than a mere trickle of vaccine, sufficient in the Rural District to inoculate 51 children out of a total child-population of about 5,000. In the early stages neither parents nor even Medical Officers of Health were given sufficient information on which to base a balanced consideration of the "pros" and "cons," whilst Local Health Authorities were allowed no discretion in the manner of distribution of the vaccine. Never before has a national public health project been introduced with such inept fumbling. Fortunately, the vaccine proved to be free from risk, and present indications are that it is likely to be of value, though it must not be expected to confer anything approaching 100 per cent immunity.

One very pleasing aspect of the vital statistics is the marked reduction in deaths from tuberculosis during the past few years. The total number of deaths from all forms of tuberculosis during the five-year period 1952–56 was only 11 as compared with 26 in the preceding five years. Tuberculosis is of course an infectious disease, but one against which most of us have a high degree of resistance, and the most important single factor in maintaining that resistance is a satisfactory state of nutrition. The existence within any community of an underfed, poverty-stricken minority tends therefore to provide a reservoir of infection menacing the whole population. This situation almost certainly existed in this area in pre-war days but we are now reaping the benefit of over 15 years of economic well-being. It is correspondingly significant that a much higher proportion of the new cases now being notified are in elderly persons, and it may well be that the nutritional state of this group of the population is not in general as satisfactory as it might be.

My report covers all branches of local authority preventive health services, including those administered by the County Council as well as those of the Wakefield R.D.C. These services are the cheapest and yet probably the most valuable in the framework of the Welfare State. Money spent on the prevention of illness can hardly be wasted and is almost negligible in amount compared with the very large sum (over 600 million pounds) spent annually in Britain on the curative medical services. Furthermore, if properly directed, local authority preventive services can and do help to save money, as well as lives, by reducing the burden on the hospital and allied services. Thus, the provision of adequate and satisfactory housing may often obviate the need for the institutional care of elderly patients, especially if supported by a comprehensive domiciliary service staffed by Home Nurses, Health Visitors and Home Helps. The old folk much prefer to be cared

for in their own homes if at all possible, and the cost to the community of enabling this to be done is usually considerably less than the cost of institutional care. The commendable progress made to date in the Rural District in re-housing the aged is already helping to prove this point. Similarly, over the years, the elimination by local authorities of polluted water supplies has checked the slaughter inflicted by cholera and typhoid. This, added to the relatively inexpensive diphtheria immunisation campaign, has made all but a few infectious diseases hospitals completely redundant. Finally, to borrow an example from the possibilities of the immediate future, a vigorous and courageous implementation of the Clean Air Act would do much to reduce suffering and absenteeism arising from bronchitis and asthma. The complications of these illnesses would tend to be less serious and recurrence less frequent. Cleaner air would also mean less domestic drudgery and less damage to fabrics and buildings; living would be cheaper, easier, brighter and, of course, healthier.

Confidence in the future of public health is inevitably based on the achievements of the past. Members of this and other local authorities have reason to be proud of their record, and this confidence should not be undermined by excessive budgetary caution. The total cost of all basic essential local government services (including housing) is tiny compared with the combined cost of items such as alcohol, tobacco, television, etc. If as a community we can afford this luxury expenditure, then surely we should also be able to afford to invest fully in our future health and happiness. To neglect the latter in favour of the former is to invite the destruction of our culture and the termination of our civilisation.

May I, in conclusion, thank this Council and its officials for the kind, hospitable and patient manner in which I have been received in the Council Chamber and elsewhere. I also wish to express my appreciation of the loyal help and co-operation so readily and ably given by the Public Health Inspector and his staff and by my Divisional Office Staff.

I am,

Yours sincerely,

JOSEPH LYONS,

Medical Officer of Health.

SECTION I.
VITAL STATISTICS.

Statistics.

Area	21,335 acres
Population—Census 1951	19,199
Registrar General's estimate of Resident Population, mid-1956	19,420
No. of dwelling houses	6,239
Rateable Value	£143,955
Product of a penny rate	£581 16s. 1d.

Summary of Vital Statistics

	Total	M.	F.	
Live Births :—				Birth-rate per 1,000 of the estimated resident population **18.6**
Legitimate	350	185	165	
Illegitimate	11	9	2	
Still Births :—				Rate per 1,000 (live and still-births) **27.0**
Legitimate	9	4	5	
Illegitimate	1	1	—	
Deaths	177	94	83	Death-rate per 1,000 of the estimated resident population **9.1**

Maternal Mortality.

There were no maternal deaths.

Infantile Mortality.

Eight infants under the age of twelve months died during 1956, giving an infantile mortality rate of 22.8 per 1,000 births.

The following table gives the cause of death of these infants:—

Cause of Death	No. of infants dying in				
	1st week	2nd week	3rd week	4th week	5–52 weeks
Prematurity	4	—	—	—	—
Congenital abnormalities	1	—	—	—	—
Congenital heart disease	—	—	—	—	1
Gastro-enteritis ...	—	—	—	—	1
Birth injury	1	—	—	—	—

CAUSES OF DEATH—WAKEFIELD R.D.

Cause of Death	1954			1955			1956		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
1. Tuberculosis of respiratory tract	1	—	1	3	1	4	1	1	2
2. Other forms of Tuberculosis	—	—	—	—	—	—	—	—	—
3. Syphilitic Diseases ...	—	—	—	—	—	—	—	—	—
4. Diphtheria	—	—	—	—	—	—			
5. Whooping Cough	—	—	—	1	—	1	—	—	—
6. Meningococcal Infections	—	1	1	—	—	—	—	—	—
7. Acute Poliomyelitis ...	—	—	—	—	—	—	—	—	—
8. Measles	—	—	—	—	—	—	—	—	—
9. Other infective and parasitic diseases	—	—	—	1	—	1	—	—	—
10. Malignant neoplasm—stomach	4	3	7	2	2	4	3	3	6
11. Malignant neoplasm—lung and bronchus	5	1	6	5	—	5	2	2	4
12. Malignant neoplasm—breast	—	1	1	—	3	3	—	3	3
13. Malignant neoplasm—uterus	—	2	2	—	1	1	—	2	2
14. Other malignant and lymphatic neoplasms	8	10	18	11	4	15	7	9	16
15. Leukaemia and aleukaemia	—	—	—	1	1	2	1	1	2
16. Diabetes	—	3	3	—	—	—	—	1	1
17. Vascular lesions of nervous system	13	16	29	15	13	28	12	7	19
18. Coronary disease, Angina	10	12	22	29	10	39	23	8	31
19. Hypertension with heart disease	4	3	7	3	3	6	6	4	10
20. Other heart disease ...	9	12	21	15	13	28	3	16	19
21. Other circulatory disease	6	4	10	4	10	14	3	4	7

Cause of Death	1954			1955			1956		
	Males	Females	Total	Males	Females	Total	Males	Females	Total
22. Influenza	—	—	—	—	—	—	—	—	—
23. Pneumonia	5	3	8	8	3	11	7	5	12
24. Bronchitis	10	3	13	5	2	7	3	3	6
25. Other diseases of respiratory system	1	2	3	—	1	1	2	1	3
26. Ulcer of stomach and duodenum	5	2	7	1	1	2	—	—	—
27. Gastritis, enteritis and diarrhoea	—	2	2	—	2	2	2	—	2
28. Nephritis and nephrosis ...	—	—	—	—	1	1	1	—	1
29. Hyperplasia of prostate ...	2	—	2	—	—	—	2	—	2
30. Pregnancy, childbirth and abortion	—	—	—	—	1	1	—	—	—
31. Congenital malformations	2	4	6	1	—	1	2	—	2
32. Other defined and ill-defined diseases	8	5	13	7	2	9	6	9	15
33. Motor vehicle accidents ...	—	—	—	—	—	—	4	1	5
34. All other accidents ...	3	3	6	2	2	4	4	3	7
35. Suicide	1	—	1	—	1	1	—	—	—
36. Homicide and operations of war	—	—	—	—	—	—	—	—	—
Total All Causes	97	92	189	114	77	191	94	83	177

PRINCIPAL VITAL STATISTICS FOR THE YEAR 1956,
based on the Registrar-General's figures.
COMPARISON WITH OTHER AREAS.

	Wakefield R.D.	Morley M.B.	Ossett M.B.	Horbury U.D.	Aggregate West Riding Urban Districts	West Riding Administrative County	England and Wales (Provisional Figures)
Birth Rate (per 1,000 estimated population)	18.6	15.8	15.7	15.4	15.8	16.4	15.7
Death Rates (all per 1,000 estimated home population)							
All causes	9.1	12.6	12.2	9.3	12.6	11.8	11.7
Infective and Parasitic Diseases	—	0.10	—	—	0.07	0.07	*
Tuberculosis of respiratory system	0.10	0.08	—	—	0.11	0.11	0.11
Other forms of tuberculosis	—	0.05	—	—	0.01	0.02	0.01
Cancer	1.70	2.13	2.21	1.94	2.05	1.89	2.08
Vascular Lesions of nervous system	0.98	2.38	2.35	1.33	2.05	1.86	*
Heart and Circulatory Diseases	3.45	4.91	4.42	4.13	4.76	4.47	*
Respiratory disease (excluding tuberculosis of respiratory system) ...	1.03	1.06	1.52	0.97	1.37	1.29	*
Infant Mortality (deaths of infants under one year per 1,000 live births)	22.8	14.4	21.9	15.7	25.9	27.1	23.8
Maternal Mortality (deaths of mothers due to pregnancy or child birth per 1,000 live and still births)	—	—	—	—	0.69	0.52	0.56

* Figures not available.

VITAL STATISTICS OVER THE TEN YEARS 1947–1956.

Year	Birth Rate	Death Rate	Infantile Mortality Rate	Maternal Mortality Rate	Cancer Death Rate	T.B. Death Rate		No. of Cases of			No. of Deaths	
						Pulmonary	Non-Pulmonary	Scarlet Fever	Diphtheria	Poliomyelitis	T.B. (All forms)	Cancer of lung and bronchus
1947	24.0	9.4	45.8	0.00	1.47	0.31	0.00	102	3	5	6	†
1948	19.9	9.3	30.0	0.00	1.59	0.27	0.00	83	2	0	5	†
1949	18.5	11.8	38.0	0.00	1.83	0.32	0.00	38	0	6	6	†
1950	16.4	9.7	39.0	0.00	1.33	0.21	0.00	33	1	1	4	4
1951	17.0	10.1	15.3	3.01	1.51	0.26	0.00	18	0	1	5	4
1952	15.8	9.6	19.7	0.00	2.08	0.10	0.00	14	0	3	2	7
1953	18.0	9.0	26.2	0.00	1.78	0.10	0.00	38	0	3	2	2
1954	16.2	9.8	22.4	0.00	1.77	0.05	0.00	9	0	1	1	0
1955	16.0	9.9	22.7	3.15	1.56	0.21	0.00	9	0	5	4	5
1956	18.6	9.1	22.8	0.00	1.70	0.10	0.00	9	0	0	2	4

† Figures not available.

SECTION II.

GENERAL PROVISION OF HEALTH SERVICES.

A. HOSPITALS.

General Hospital Accommodation.

There are no hospitals within the Rural District, but the Leeds Regional Hospital Board provide facilities in centres within fairly easy reach of the villages in the Rural District, viz., Wakefield, Leeds and Dewsbury

Accommodation for general needs would appear to be reasonably adequate, but difficulty is often experienced in securing the admission of elderly chronic sick patients.

Isolation Hospitals.

Effective preventive measures have greatly reduced the demand for isolation hospital accommodation during recent years. The relatively few patients requiring admission from the Rural District are usually sent to Snapethorpe Isolation Hospital, Wakefield, or to Kendray Isolation Hospital Barnsley. Cases of acute poliomyelitis are admitted to Seacroft Hospital, Leeds, to be transferred later (if orthopædic treatment is required) to Pinderfields Hospital, Wakefield.

Maternity Hospitals and Maternity Homes

Patients requiring or requesting hospital confinement may be admitted to Walton Hall Maternity Home or to hospitals in neighbouring towns. Priority is given to abnormal cases, mothers having their first baby and mothers residing in homes unsuitable for domiciliary confinement.

B. AMBULANCE SERVICE.

It is the duty of the Local Health Authority, that is the West Riding County Council, to provide Ambulance Services throughout their administrative area, of which the Rural District is a part.

This is a service which has been efficiently provided by the County Council, and is available on responsible call.

C. LABORATORY FACILITIES.

The Public Health Laboratory which serves the Administrative Area is the Laboratory of the Medical Research Council of the Ministry of Health at Wood Street, Wakefield. All specimens for general examination, submitted by the Medical Staff of the Department, by medical practitioners, by Health Authorities and others, may be submitted to this Laboratory. The examinations

which are carried out in the Laboratory are chemical, biological and bacteriological.

During the year 1956, full advantage has been taken of the service provided and again we wish to acknowledge the personal interest of the Director of the Laboratory and the helpful advice he has given on so many occasions.

SECTION III.

INFECTIOUS DISEASES.

Summary of Notifications received during 1956 :—

Disease	Total cases notified (corrected)
Scarlet Fever	9
Whooping Cough	64
Acute Poliomyelitis	—
Measles	102
Diphtheria	—
Dysentery	31
Meningococcal Infection	—
Acute Pneumonia	15
Smallpox	—
Acute Encephalitis	—
Enteric or Typhoid Fever	—
Paratyphoid Fever	—
Erysipelas	—
Food Poisoning	1
Puerperal Pyrexia	7
Ophthalmia Neonatorum	—
Pulmonary Tuberculosis	9
Other forms of Tuberculosis	1

Tuberculosis Services.

A clinic is held at Pinderfields Hospital, Wakefield. Regular home supervision is carried out by the Tuberculosis Health Visitors Free milk, bedding, shelters, etc., are provided by the County Council at the discretion of the Divisional Medical Officer if recommended by the Consultant Chest Physician in charge of the Clinic.

The following table gives at a glance the position regarding tuberculosis in Wakefield Rural District in 1956 :—

	Respiratory			Non-Respiratory			
	M	F	Total	M	F	Total	Totals
No. on register on 1st January, 1956 ...	42	38	80	3	9	12	92
No. first notified during 1956	4	5	9	—	1	1	10
No. of cases restored to register	—	1	1	—	—	—	1
No. of cases entered in register otherwise than by notification ...	—	4	4	—	—	—	4
No. removed from register during 1956:—							
(a) died	2	1	3	—	—	—	3
(b) Removed from district	1	2	3	—	1	1	4
(c) Recovered	4	1	5	—	1	1	6
No. remaining on register at 31st December, 1956 ...	39	44	83	3	8	11	94

The number of new cases and the number of deaths notified during 1956 are given in detail in the following table :—

	NEW CASES				DEATHS			
Age Period	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
0– 5 ...	—	—	—	—	—	—	—	—
5–14 ...	—	—	—	1	—	—	—	—
15–24 ...	2	2	—	—	—	—	—	—
25–44 ...	1	3	—	—	—	—	—	—
45–64 ...	1	—	—	—	1	1	—	—
65 and over	—	—	—	—	1	—	—	—
Totals ...	4	5	—	1	2	1	—	—

SECTION IV.

W.R.C.C. PREVENTIVE HEALTH SERVICES.

A. CLINICS AND TREATMENT CENTRES.

Infant Welfare.

Mission Hall, Crofton—*Monday, 2.0 to 4.0 p.m.

St. Luke's Hall, Sharlston—*Tuesday, 2.0 to 4.0 p.m.

Church School, Middlestown—*Tuesday, 2.0 to 4.0 p.m.

Village Institute, Crigglestone—*Wednesday, 2.0 to 4.0 p.m.

* Combined with a School Clinic Session.

Combined Ante and Post Natal sessions are held at the same places and on the same days as the Infant Welfare sessions, but the commencing time in all cases is 1.30 p.m.

School Clinics (See also under Section H).

Parochial Hall, Crofton—Minor Ailment, Monday and Thursday, 9.0 to 11.0 a.m.

Junior Mixed School, Sharlston—Minor Ailment, Tuesday and Friday, 9.0 to 11.0 a.m.

Village Institute, Crigglestone—Minor Ailment, Wednesday, 9.0 to 11.0 a.m.

County Primary School, Walton—Minor Ailment, Tuesday, 9.0 to10.0 a.m.

County Primary School, Middlestown—Minor Ailment, Wednesday, 9.0 to 10.0 a.m.

County Primary School, Netherton—Minor Ailment, Wednesday, 10.0 to 11.0 a.m.

Smallpox Vaccination, Diptheria Immunisation, Whooping Cough Immunisation.

All Infant Welfare Centres—As required by arrangement.

B.C.G. Vaccination against Tuberculosis (by arrangement with Leeds Regional Hospital Board).

Pinderfields Hospital, Wakefield—As required by arrangement.

B. CARE OF MOTHERS AND YOUNG CHILDREN.

Ante-natal Clinics.

Clinic	Total No. of women who attended	Total attendances
Crofton	62	161
Sharlston	31	64
Middlestown	3	9
Crigglestone	10	79
Total	106	313

Child Welfare Clinics.

Clinic	Sessions per month	No. of children who attended		Attendances made by children		Average attendance per session
		Under 1 year of age	2–5 years of age	Under 1 year of age	2–5 years of age	
Crofton	4	67	97	1148	495	34.2
Sharlston ...	4	55	104	1084	676	36.6
Middlestown ...	4	40	52	701	254	19.9
Crigglestone ...	4	80	63	1538	433	41.0
Total ...	16	242	316	4471	1858	32.9

Home Visiting by Health Visitors.

No. of Ante-Natal Visits :—	
First Visits	105
Subsequent Visits	87
No. of Visits to Children under 1 year :—	
First Visits	336
Subsequent Visits	1680
No. of Visits to Children 1–5 years	2323
Special Visits	2283
Total Home Visits	6814

The Care of Premature Infants.

Weight at Birth	No. of Premature Babies Born Alive	Born Dead	No. Dying	No. surviving 28 days
Not weighed	—	1	—	—
Under 2½ lbs.	—	2	—	—
2½–3 lbs.	1	1	—	1
3 –3½ lbs.	1	—	1	—
3½–4 lbs.	1	2	—	1
4 –4½ lbs.	7	—	2	5
4½–5 lbs.	4	1	—	4
5 –5½ lbs.	9	—	—	9
Total	23	7	3	20

Special equipment and nursing staff is available for use in the home in cases requiring them.

The Care of Illegitimate Children.

Every effort is made to find a suitable home for the baby either with the mother or with the grandparents.

Special advice about legal adoption is given if this is desired.

These cases are seen in the home by the Health Visitor and encouraged to attend the Infant Welfare Clinic regularly.

Provision of Welfare Foods, etc.

Most proprietary brands of milk and other infant foods are sold at the Child Welfare Clinics for the convenience of mothers, and special brands of milk are ordered when necessary.

In addition, the distribution of cod liver oil, orange juice, vitamin A and D tablets, and National Dried Milk, is carried out at the Child Welfare Clinics.

Provision of Maternity Outfits.

These are provided free to mothers preparing for confinement in their own homes.

C. PROFESSIONAL NURSING IN THE HOME.

Home Nursing.

Three whole-time nurses and two nurses having a combined post as district nurse-midwife serve the Wakefield Rural Area.

Cases attended	No. of individual patients	Total number of visits made
Medical Conditions	442	10,242
Surgical Conditions	225	3,611
Tuberculosis	6	229
Maternity	3	13
Total	676	14,095

Midwifery.

Five midwives (resident in their own homes) were employed by the County Council to serve the Rural District of Wakefield during 1956. Three of these midwives are whole-time and two have combined posts as district nurse-midwives.

The following table shows the number of women confined in hospital, private nursing homes, or delivered by midwives and private practitioners so far as has been ascertained :—

	No.	%
No. delivered in hospital	156	42.17%
No. delivered in private nursing homes	3	0.53%
No. delivered by midwives	212	57.3 %
No. delivered by doctors (including the difficult cases met with by midwives in their practise where a doctor had to be sent for to effect delivery)	—	—
Total (including stillbirths) so far as has been ascertained	371	100.00%

During 1956 the practising midwives summoned medical assistance to 26 mothers. Medical aid was sent for on account of the following conditions ;—

Cause	No.
Miscarriage	4
Ruptured Perineum	8
Prolonged Labour	4
Breech Delivery	1
Hæmorrhage	2
Complete Abortion	6
Hypertension	1
Total	26

Emergency Obstetric Unit.

The " flying squad " attached to the General Hospital, Wakefield, is available for obstetric emergencies occurring within the area.

Analgesia.

All midwives are trained in the administration of gas and air analgesia and provided with the necessary equipment. Analgesia is available to all mothers desiring it, subject to satisfactory medical examination by a doctor. 154 women received gas and air analgesia during 1956.

D. HEALTH VISITING.

The duties of the Health Visitor are combined with those of School Nurse. In pursuance of the National Health Service Act the scope of this service includes home visiting for the purpose of giving advice as to the care of children, and persons (including adults) suffering from illness, and of expectant and nursing mothers. The Health Visitor also gives advice in the home as to measures necessary to prevent the spread of infection.

E. HOME HELPS.

In accordance with the National Health Service Act, the County Council provide domestic help for households " where such help is required owing to the presence of any person who is ill, lying-in, an expectant mother, mentally defective, aged, or a child not over compulsory school age."

During 1956, 114 cases were attended by Home Helps, as compared with 110 in the previous year, and the total number of hours worked was 18,631.

Of the cases attended in 1956, Home Helps were provided for the following reasons :—

	Cases	Hours
Maternity	7	507
Tuberculosis	1	306
Chronic Sickness	97	16402
Others	9	1416
	114	18631

F. CARE AND AFTER CARE.

Special provisions are in operation for the care and after-care of patients suffering from Tuberculosis, mental illness or defect, venereal disease and other illnesses.

G. MENTAL HEALTH.

Wakefield Rural District has the part-time services of a Mental Health Social Worker, who is largely concerned with the care of mentally defective patients under Statutory Supervision and Guardianship, and those patients who, having been discharged from Detention Order in Institution, have elected to receive voluntary supervision at home. She also undertakes pre-care and after-care of patients suffering from mental illness.

The Mental Health Social Worker carries out her duties in close liaison with the Mental Hospitals and Mental Deficiency Institutions, and with those statutory and voluntary bodies concerned with social welfare generally.

Every effort is made to rehabilitate the higher-grade defective and to secure suitable employment for them in local industry.

Summary of Cases at present under Supervision under the Mental Deficiency Acts.

	Under 16 years of age		Over 16 years of age		Total
	Male	Female	Male	Female	
Under Statutory Supervision	6	5	23	8	42
Under Guardianship ...	—	—	1	—	1
Under Voluntary Supervision	—	—	8	4	12
Attending Occupation Centre	3	4	—	—	7
Attending Industry Centre	—	—	—	—	—
Parents refused training ...	1	—	6	2	9
Receiving training in groups from Home Teacher	—	1	—	—	1
Receiving individual Home Teaching	—	—	1	2	3
Employed full-time :—					
Statutory Supervision ...	1	—	17	1	19
Voluntary Supervision ...	—	—	3	1	4
Employed part-time :—					
Statutory Supervision ...	—	—	—	1	1
Voluntary Supervision ...	—	—	2	—	2
Under Guardianship ...	—	—	1	—	1
Too handicapped to undertake any form of training	1	—	2	2	5
Adequately and suitably employed at home ...	—	—	—	3	3
Patients under Statutory Supervision married during the year	—	—	—	—	—
Patients under Voluntary Supervision married during the year	—	—	—	1	1
Married Defectives under Supervision	—	—	—	2	2

	Male	Female
Cases in Institution	5	4
Taken to Places of Safety	—	—
Awaiting admission to Institution	—	—
On Licence from Institution	2	1

After-car of Mental Patients.

Male	Female
—	1

N.B.—After-Care reports were not requested in this area from Stanley Royd Hospital, their own social workers undertaking this work.

H. SCHOOL HEALTH SERVICE.

Number of school departments in district	19
Number of children in attendance at school at the end of 1956	2,641
Number of children examined at school during 1956	1,972

(This figure being made up as follows)

Entrants	500
7–8 years group	429
Last Year Primary	306
Leavers	176
Re-examinations	434
Specials	127

Physical Condition of pupils examined :—

	Satisfactory	Unsatisfactory
Entrants	499	1
7–8 years group	427	2
Last Year Primary	306	—
Leavers	176	—
No. of defects found to require treatment		215
No. of defects found requiring to be kept under observation		612

Cleanliness Inspections.

The Health Visitor attends every school department at frequent intervals throughout the year to examine the children for uncleanly and verminous conditions. Where such conditions exist, parents are informed and are instructed in the application of an effective remedy. Warnings are issued in cases of non-compliance and statutory action taken where there is persistent default.

No. of examinations carried out during the year	6,058
No. of cases of uncleanliness found	181
Percentage of infestation	2.9%
No. of children excluded from school	62
No. of cleansing notices issued	15
No. of cleansing orders issued	9
No. of children cleansed	3

Minor Ailment Clinics.

3,629 attendances were made at the minor ailment clinics during the year.

Ophthalmic Clinics.

Sessions held.	No. of refractions.	Prescribed spectacles.
16	164	65

Orthopædic Clinic.

Five children made 6 attendances during the year. These children attended the clinic held at the Pinderfields Hospital, Wakefield.

I. IMMUNISATION AND VACCINATION.

In accordance with the National Health Service Act, immunisation against diphtheria and vaccination against smallpox may be done either at the clinics or by the family doctor.

Diphtheria Immunisation.

Number of children in Wakefield Rural District who completed a full course of Diphtheria Immunisation in 1956 :—

Age	Under 1	1–4	5–9	10–14
Began and completed injections, 1956 ...	42	85	99	29
		Total = 255		
Immunised in previous years, re-treated in 1956	—	—	344	114
		Total = 458		

Whooping Cough Immunisation.

The Local Health Authority's Scheme operates in this area and treatments under the scheme have been carried out as in previous years from 1952.

Restrictions in the scheme are that the treatment is available only to infants and children up to 4 years of age. A further restriction is that combined treatments, e.g., diphtheria and whooping cough are not recognised for purpose of the scheme.

In view of these restrictions, and in view of the fact that most immunising treatments are carried out by general medical practitioners, the figures which we give are far from complete. They do not indicate the full numbers of children in this area who have received this protective treatment.

Treatments are available in the Local Health Authority's clinics, and are also given by general medical practitioners.

Number of children in Wakefield Rural District who completed a full course of whooping cough immunisation during 1956.

Age at final injection	Under 6 months	6 months to 1 year	1–2 years	2–3 years	3–4 years	Total
No. immunised ...	33	132	32	4	1	202

During the year there were 64 notified cases of whooping cough. Five of the children concerned had completed a full course of immunisation.

Vaccination against Poliomyelitis.

Sufficient vaccine was received during the year to immunize 51 children resident within the District

Vaccination against Smallpox.

During the year 84 people were vaccinated against smallpox, 65 of whom were under 1 year of age.

Additionally 12 people were re-vaccinated.

B.C.G. Vaccination against Tuberculosis.

In 1953 the County Council put into operation a scheme to provide protective vaccination against tuberculosis for a selected group of schoolchildren.

This scheme was approved by the Ministry of Health. The immunising vaccine to be used was B.C.G. and the selected age-group was that of children in their fourteenth year. This group was chosen for certain approved reasons, one being the further year in school during which observation and supervision could be kept over the child, and also the desirability of affording protection to adolescents in the early years of their employment in industry and elsewhere. This scheme was put into operation in Wakefield Rural District in 1955.

Treatments were offered to all children in this age-group in the period under review and acceptance is voluntary.

The following table is a summary of the work carried out in the year :—

School	No. of children offered B.C.G. vaccination	No. of children whose parents consented	No. of children Mantoux tested	No. with positive reaction	No. with negative reaction	No. vaccinated
Crofton Secondary Modern ...	87	34	33	13	20	17
Crigglestone Secondary Modern ...	15	1	1	—	1	1
Totals	102	35	34	13	21	18

B.C.G. Vaccination is available at the Local Chest Clinic and this treatment is carried out there in relation to ascertained contacts of cases of tuberculosis, and in certain other cases.

SECTION V.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

Water is obtained for the Rural District from the Wakefield Corporation, Barnsley Corporation, Dewsbury Corporation and the Darton and Kirkburton Urban District Councils. There are 6,231 dwelling houses on the public supply and 8 not on the public supply. The supply of water has been satisfactory both in quality and quantity. Six chemical and two bacteriological examinations were made during the year with satisfactory results.

Several improvements were made to the water supply, i.e., approximately 1 mile of defective main was relaid at Midgley, 580 yards of defective main was replaced at Crofton, 360 yards of defective main was replaced at Sharlston and 288 yards of new main was laid at Crofton.

Drainage and Sewerage.

Sewer extensions were carried out in the Durkar Estate, Sharlston and Doncaster Road areas.

Sewage disposal works were extended in the West Bretton and Haigh works. This work consisted of the provision of a new filter humus tank and sludge chambers at Bretton and the provision of an additional filter and humus tank and sludge beds at the Haigh Sewage Works.

Housing.

There are a total of 6,239 dwelling houses in the district, including 130 back-to-back houses.

A total of 182 new houses were completed in the Wakefield Rural area in 1956; 40 being provided by the Council and 142 by private enterprise.

Progress has again been made with regard to the closure and clearance of unfit houses. During the year there were 8 official representations in respect of unfit houses. 23 houses were demolished as a result of demolition orders made by the Local Authority. During the year 463 dwelling houses were inspected for housing defects (under the Public Health or Housing Acts) and a total of 1,355 inspections were made for this purpose.

Nuisance Inspections

During the year 235 inspections were made for Nuisances only. At the end of 1955 there were 3 outstanding notices for abatement of nuisances, 2 were issued during the current year, The five nuisances were abated by the end of the year.

Closet Accommodation.

No. of privvies	295
No. of pail closets	72
No. of trough closets	0
No. of waste water closets	5
No. of pedestal water closets	6,386
Percentage of closets on the water carriage system	94.57%
No. of privvies, converted to W.C.'s	37
No. of closets, other than privvies, converted to W.C.'s	1

During the year grants under the Public Health Act, 1936, were made to applicants for the conversion of privvies, pails, waste water and trough closets to pedestal water closets.

Public Cleansing.

This is in operation throughout the whole of the district. Bins and pails are emptied weekly as far as possible and privvies once a month.

Disposal of Refuse.

All refuse in this area is disposed of by controlled tipping.

MILK SUPPLY.

There are 30 registered retail milk sellers in the district. Under the Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949–53, licences are in force for 16 dealers in pasteurised milk and 14 dealers in sterilised milk. Under the Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950, licences are in force for 13 dealers in Tuberculin Tested Milk. A total of 135 inspections were made at the premises of these licencees.

There are 10 dairies registered under the Milk and Dairies Regulations, 1949–1954.

ICE CREAM.

Under Section 16 of the Food and Drugs Act, 1955, thirty-one retailers are registered for the sale of ice cream and a total of three inspections were made during the year. With regard to the Ice Cream (Heat Treatment, etc.) Regulations, 1947–1952, there are no manufacturers of ice cream in the district.

SHOPS ACT, 1950.

Under Section 38 of the above Act, 52 visits were made and no unsatisfactory conditions were found.

SMOKE ABATEMENT.

There are ten colliery spoil banks in the district, two of which have been on fire during the year. The Colliery Manager was contacted in both these cases and requested to abate the nuisance.

TENTS, VANS AND SHEDS.

There are 19 licensed sites in the district for the erection of tents, vans and sheds for human habitation. One site is licensed for more than 2 caravans. The Council has not made any bye-laws under Section 268(4) of the Public Health Act, 1936.

SWIMMING BATHS AND BATHING POOLS.

There are no swimming baths or bathing pools in the area.

PREVENTION OF DAMAGE BY PESTS.

Under the Prevention of Damage by Pests Act, 1949, a total of 1,126 inspections was made and 96 cases of infestation were dealt with during the year.

FOOD.

There are, in the district, 51 grocers' shops, 18 fish and chip shops and 11 butchers' shops. Of these, 8 of the butchers' shops are registered in accordance with the provision of Section 16 of the Food and Drugs Act, 1955. A total of 42 inspections were carried out on registered food premises throughout the year. Any food which is found to be unsuitable for sale for consumption is condemned, and after being dyed, it is disposed of either by collection by the manufacturers of fertilizer or buried on the refuse tip.

Work is in progress with regard to action requiring to be taken under the Food Hygiene Regulations, 1955–56, and it has not yet been possible to arrange for any organised educational activities.

FACTORIES ACTS, 1937–1948.

There are in the district 63 factories registered in accordance with the Factories Acts. A total of 73 inspections were carried out during the year. In two cases defects were found and remedied.

MEAT INSPECTION.

Ante and post-mortem inspection of all food animals is carried out. The following table gives details of the carcases and offal inspected and condemned in whole or in part :—

	Cattle, excl. Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known) ...	814	85	60	2829	1135	—
Number inspected	814	85	60	2829	1135	—
All diseases except Tuberculosis and Cysticerci						
Whole carcases condemned ...	—	—	—	—	—	—
Carcases of which some part or organ was condemned	31	8	—	1	110	—
Percentage of the number inspected affected with disease other than tuberculosis and cysticerci	38%	9.4%	—	0.04%	1%	—
Tuberculosis only						
Whole carcases condemned ...	—	—	—	—	—	—
Carcases of which some organ or part condemned	9	30	—	—	33	—
Percertage of the number inspected affected with tuberculosis ...	1%	35%	—	—	3%	—
Cysticerosis						
Carcases of which some part or or organ was condemned ...	—	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned ...	—	—	—	—	—	—